

POSITION

INITIALS

ID NO.

DATE

09/9719-13

FEE DETERMINATION  
O.I.P.E. CLASSIFIER  
FORMALITY REVIEW  
RESPONSE FORMALITY REVIEW

## INDEX OF CLAIMS

✓ Plotted N Non-occurring  
✓ A-sheet I Interfering  
- (Through response) Claimed A Actual  
Revised O Revised

Case	Date	City	Date	City	Date
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If more than 150 claims or 10 actions  
slide additional sheet here

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